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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO. 427787	FILING DATE 10-27-99		
CLAIMS						APPLICANT(S)			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	DEP.	NO.	DEP.
NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.
1						61			
2						62			
3						63			
4						64			
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35						95			
36						96			
37						97			
38						98			
39						99			
40						100			
41						TOTAL NO. 19			
42						TOTAL DEP. 19			
43						TOTAL 19			
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